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Serial No. : 09/781667
Applicant AMINI
Filing Date : 2/12/01
Date Mailed : 02/08/05

NOTICE TO FILE CORRECTED APPLICATION PAPERS

Notice of Allowance Mailed

This application has been accorded an Allowance Date and is being prepared for issuance. The application, however, is incomplete for the reasons below.

Applicant is given 30 days from the mail date of this Notice within which to correct the informalities indicated below. A failure to reply will result in the application being ABANDONED. This period for reply is NOT extendable under 37 CFR 1.136 (a) or (b).

- COPIES OF CORRECTED DRAWINGS (RECEIVED 12/02/02)
- APPLICANT MUST RESPOND WITHIN 30 DAYS OF THE MAIL DATE OF THIS NOTICE.

A copy of this notice MUST be returned with the reply. Please address response to:

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Quality Control Specialist
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February 9, 2001

Assistant Commissioner for Patents
USPTO
Box Applications
Washington, D.C. 20231

VIA EXPRESS MAIL, POST OFFICE TO
ADDRESSEE, RECEIPT NO. EK539017615US

Re: Patent Application "Logging Tool for Measurement of Resistivity Through Casing
Using Metallic Transparencies™ and Magnetic Lensing™"

Priority Claimed to 60/229,983 filed September 2, 2000
EMT-14

Dear Sir or Madam:

Enclosed please find the following documents:

1. Patent Application Cover Sheet
2. Patent Application Specification (53 pages)
3. Patent Application Claims (7 pages)
4. Abstract of Disclosure (1 page)
5. Patent Drawings (³⁷~~34~~ Sheets) *DM*
6. Declaration of Inventor and Appointment of Attorney
7. Assignment of Invention
8. Invention Recordation Form
9. Fee Transmittal Form

Please note that the inventor/applicant and the assignee claim small entity status entitled to reduced filing fees in the U.S. Patent & Trademark Office.

I have enclosed my check No. 1332 in the amount of \$ 355.00 in payment of the filing fee and

02/12/01
Jc872 U.S. PTO

02-13-01

A

Please type a plus sign (+) inside this box → ☒

PTO/SB/05 (4/88)
Approved for use through 09/30/2000. OMB 0651-0032
Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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UTILITY PATENT APPLICATION TRANSMITTAL (Only for new nonprovisional applications under 37 C.F.R. § 1.53(b))		Attorney Docket No. EMT-14
		First Inventor or Application Identifier Bijan K. Amini
		Title Logging Tool for Measurement of Resistivity
		Express Mail Label No. EK539017615US

APPLICATION ELEMENTS See MPEP chapter 600 concerning utility patent application contents.	ADDRESS TO: Assistant Commissioner for Patents Box Patent Application Washington, DC 20231
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<p>1. <input checked="" type="checkbox"/> * Fee Transmittal Form (e.g., PTO/SB/17) (Submit an original and a duplicate for fee processing)</p> <p>2. <input checked="" type="checkbox"/> Specification [Total Pages 63] (preferred arrangement set forth below)</p> <ul style="list-style-type: none"> - Descriptive title of the Invention - Cross References to Related Applications - Statement Regarding Fed sponsored R & D - Reference to Microfiche Appendix - Background of the Invention - Brief Summary of the Invention - Brief Description of the Drawings (if filed) - Detailed Description - Claim(s) - Abstract of the Disclosure <p>3. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) [Total Sheets 34]</p> <p>4. Oath or Declaration [Total Pages 2]</p> <p>a. <input checked="" type="checkbox"/> Newly executed (original or copy)</p> <p>b. <input type="checkbox"/> Copy from a prior application (37 C.F.R. § 1.63(d)) (for continuation/divisional with Box 16 completed)</p> <p>i. <input type="checkbox"/> DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) named in the prior application, see 37 C.F.R. §§ 1.63(d)(2) and 1.33(b).</p>	<p>5. <input type="checkbox"/> Microfiche Computer Program (Appendix)</p> <p>6. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)</p> <p>a. <input type="checkbox"/> Computer Readable Copy</p> <p>b. <input type="checkbox"/> Paper Copy (identical to computer copy)</p> <p>c. <input type="checkbox"/> Statement verifying identity of above copies</p>
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ACCOMPANYING APPLICATION PARTS

7. <input type="checkbox"/> Assignment Papers (cover sheet & document(s))	
8. <input checked="" type="checkbox"/> 37 C.F.R. § 3.73(b) Statement (when there is an assignee)	<input checked="" type="checkbox"/> Power of Attorney
9. <input type="checkbox"/> English Translation Document (if applicable)	
10. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449	<input type="checkbox"/> Copies of IDS Citations
11. <input type="checkbox"/> Preliminary Amendment	
12. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (Should be specifically itemized)	
13. <input type="checkbox"/> * Small Entity Statement(s) filed in prior application, Status still proper and desired (PTO/SB/09-12)	
14. <input type="checkbox"/> Certified Copy of Priority Document(s) (if foreign priority is claimed)	
15. <input type="checkbox"/> Other:	

* NOTE FOR ITEMS 1 & 13: IN ORDER TO BE ENTITLED TO PAY SMALL ENTITY FEES, A SMALL ENTITY STATEMENT IS REQUIRED (37 C.F.R. § 1.27), EXCEPT IF ONE FILED IN A PRIOR APPLICATION IS RELIED UPON (37 C.F.R. § 1.28).

16. If a **CONTINUING APPLICATION**, check appropriate box, and supply the requisite information below and in a preliminary amendment:

☐ Continuation ☐ Divisional ☐ Continuation-in-part (CIP) of prior application No. _____

Prior application information: Examiner _____ Group / Art Unit: _____

For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 4b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

17. CORRESPONDENCE ADDRESS

☒ Customer Number or Bar Code Label **26320**
(Insert Customer No. or Attach bar code label here)

or ☐ Correspondence address below

Name	Law Office of David McEwing				
Address	4582 Kingwood Drive				
	No. 118				
City	Kingwood	State	Texas	Zip Code	77345
Country	USA	Telephone	(281) 360-4989	Fax	(281) 361-8637

Name (Print/Type)	David McEwing	Registration No. (Attorney/Agent)	37,026
Signature	<i>David McEwing</i>	Date	2/12/2001

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231.

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FEE TRANSMITTAL for FY 2000

Patent fees are subject to annual revision.
Small Entity payments must be supported by a small entity statement,
otherwise large entity fees must be paid. See Forms PTO/SB/09-12.
See 37 C.F.R. §§ 1.27 and 1.28.

TOTAL AMOUNT OF PAYMENT (\$) 395.00

Complete if Known

Application Number
Filing Date 02/12/2001
First Named Inventor Bijan K. Amini
Examiner Name
Group / Art Unit
Attorney Docket No. EMT-14

METHOD OF PAYMENT (check one)

1. ☐ The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:

Deposit Account Number

Deposit Account Name

☐ Charge Any Additional Fee Required
Under 37 CFR §§ 1.16 and 1.17

2. ☒ Payment Enclosed:

☒ Check ☐ Money Order ☐ Other

FEE CALCULATION

1. BASIC FILING FEE

Large Entity	Small Entity	Fee Code	Fee (\$)	Fee Description	Fee Paid
101	201	690 345	Utility filing fee	355.00	
106	206	310 155	Design filing fee		
107	207	480 240	Plant filing fee		
108	208	690 345	Reissue filing fee		
114	214	150 75	Provisional filing fee		

SUBTOTAL (1) (\$) 355.00

2. EXTRA CLAIM FEES

Total Claims	Extra Claims	Fee from below	Fee Paid
Independent Claims	20** =	X	
Multiple Dependent	3** =	X	

**or number previously paid, if greater; For Reissues, see below

Large Entity	Small Entity	Fee Code	Fee (\$)	Fee Description	Fee Paid
103	203	18 9	Claims in excess of 20		
102	202	78 39	Independent claims in excess of 3		
104	204	260 130	Multiple dependent claim, if not paid		
109	209	78 39	** Reissue independent claims over original patent		
110	210	18 9	** Reissue claims in excess of 20 and over original patent		

SUBTOTAL (2) (\$) 40.00

FEE CALCULATION (continued)

3. ADDITIONAL FEES

Large Entity	Small Entity	Fee Code	Fee (\$)	Fee Description	Fee Paid
105	205	130 65	Surcharge - late filing fee or oath		
127	227	50 25	Surcharge - late provisional filing fee or cover sheet		
139	239	130 130	Non-English specification		
147	247	2,520 2,520	For filing a request for reexamination		
112	212	920* 920*	Requesting publication of SIR prior to Examiner action		
113	213	1,840* 1,840*	Requesting publication of SIR after Examiner action		
115	215	110 55	Extension for reply within first month		
116	216	380 190	Extension for reply within second month		
117	217	870 435	Extension for reply within third month		
118	218	1,360 680	Extension for reply within fourth month		
128	228	1,850 925	Extension for reply within fifth month		
119	219	300 150	Notice of Appeal		
120	220	300 150	Filing a brief in support of an appeal		
121	221	260 130	Request for oral hearing		
138	238	1,510 1,510	Petition to institute a public use proceeding		
140	240	110 55	Petition to revive - unavoidable		
141	241	1,210 605	Petition to revive - unintentional		
142	242	1,210 605	Utility issue fee (or reissue)		
143	243	430 215	Design issue fee		
144	244	580 290	Plant issue fee		
122	222	130 130	Petitions to the Commissioner		
123	223	50 50	Petitions related to provisional applications		
126	226	240 240	Submission of Information Disclosure Stmt		
581	281	40 40	Recording each patent assignment per property (times number of properties)	40.00	
146	246	690 345	Filing a submission after final rejection (37 CFR § 1.129(a))		
149	249	690 345	For each additional invention to be examined (37 CFR § 1.129(b))		

Other fee (specify) _____

Other fee (specify) _____

* Reduced by Basic Filing Fee Paid

SUBTOTAL (3) (\$) 40.00

SUBMITTED BY

Name (Print/Type) David McEwing
Registration No. (Attorney/Agent) 37,026
Telephone (281) 360-4989
Signature [Signature]
Date 02/09/2001

WARNING:

Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

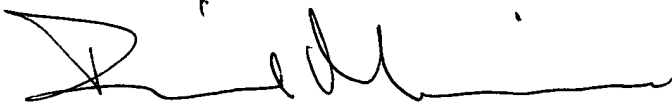
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February 8, 2001
EMT-14
Page 2 of 2

check No. 1333 in the amount of \$ 40.00 in payment of the assignment recording fee.

Please advise if anything else is required. I have also enclosed a self-addressed post card upon which receipt of the enclosed application can be acknowledged.

Sincerely,

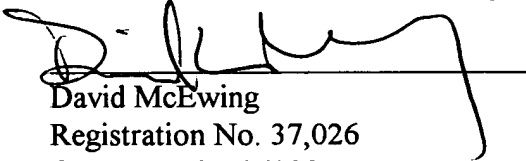


David McEwing

Encls.

Certificate of Mailing

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David McEwing
Registration No. 37,026
Customer No. 26320

cc: David R. Evans, EM-Tech, LLC
Alton W. Payne